

CONFERENCE ANNOUNCEMENT AND CALL FOR ABSTRACTS

National Leadership Conference To Strengthen HIV/AIDS Education and Coordinated School Health Programs

*Healthy Kids - Healthy Communities:
We Can Make A Difference!*

January 22-25, 2001
Renaissance Washington DC Hotel
Washington, DC

Deadline for Abstract Submissions
November 10, 2000

Deadline for Registration
January 5, 2001

Abstracts are to be submitted to:
D'Lovely Gibson
Professional and Scientific Associates
(PSA)
2957 Clairmont Road, Suite 480
Atlanta, GA 30329
Facsimile: (404) 633-6477



Registrations are to be submitted to:
Helen Leonard
Society of State Directors of Health,
Physical Education and Recreation
(SSDHPER)
1900 Association Drive
Reston, VA 20191
Facsimile: (703) 476-3428

**Dated Materials
Immediate Attention Required**



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



ABSTRACT SUBMISSION INFORMATION AND DEADLINES

ABSTRACT SUBMISSION DEADLINE November 10, 2000

On receipt, each abstract submission will be logged separately and a postcard sent to the submitter confirming receipt. If you submitted more than one abstract a separate postcard will be sent for each submission. *If you have not received a postcard confirmation within 1 week of the mailing date call 1-800-772-8232 or 404-633-6869 ext. 203 immediately.* A review notification letter will be sent for every abstract submitted. If your abstract is selected you will receive a fax request to reconfirm your availability to attend the Conference and make the presentation. Information on the type of presentation, date and time, and various other, helpful materials will also be sent under separate cover. Presenters will be responsible for expenses related to participation in the conference, including registration fees, transportation, lodging and meals.

REQUIREMENTS

- All text is to be left justified.
- All text is to be entered into the abstract submission forms under the section titles provided on the forms. If more space is needed use a maximum of 1 extra sheet.
- All submissions must be on the forms provided in this booklet (please make copies if additional forms are needed).
- Abstract presentation titles should be no longer than 15 words, or 100 characters.
- Abstract text should be no more than 250 words, or 1,500 characters (this is inclusive of all sections as provided on the form).
- *All four forms must be submitted for each abstract. Abstracts can be either Programmatic-based (form 1(a)) or Research-based (form 1(b)).*
- *All incomplete submissions will be returned.*
- No e-mail submissions can be accepted this year.

Complete all sections on each of the four required forms included with this mailer. A complete set of four forms is required for each abstract being submitted. Fax the forms to 404-633-6477 or 404-633-5756, Attention: D'Lovely Gibson, before 5:00pm on November 10, 2000.

All abstract submissions are to be mailed or faxed for receipt at PSA before 5:00pm on Friday, November 10, 2000.

All Abstract Questions and Submissions Are to be Sent To:

D'Lovely Gibson
Professional and Scientific Associates (PSA)
2957 Clairmont Road - Suite 480
Atlanta, GA 30329
Phone: (404) 633-6869 ext. 217 or (800) 772-8232
Fax: (404) 633-6477 or 5756

REVIEW RESULTS TO BE MAILED BY:

November 17, 2000

FORM 1(A) OF 4

PROGRAMMATIC-BASED ABSTRACT SUBMISSION FORM

Send the abstract submission confirmation to (please type or print) - If more space is needed use another sheet of paper and attach.

Name: _____

Title/Job Function: _____

Affiliation: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Please indicate your preference for the presentation format by rating your first, second, and third choices below:

___ Concurrent Presentation ___ Poster Session ___ Roundtable

Please indicate which of the six behaviors this presentation will cover (check all that apply):

☐ Sexual risk behaviors ☐ Tobacco use ☐ Physical inactivity

☐ Alcohol and other drug use ☐ Unhealthy dietary behaviors

☐ Behaviors that contribute to unintentional injuries and violence

Presentation Title:

Authors (last name, first initial - underline presenter name(s)):

Programmatic Objective(s):

Programmatic Setting(s):

Programmatic Intervention(s):

Programmatic Outcome(s):

Programmatic Conclusion(s):

(all 4 forms must be received at PSA no later than 5:00 p.m. on Friday, November 10, 2000)

FORM 1(B) OF 4

RESEARCH-BASED ABSTRACT SUBMISSION FORM

Send the abstract submission confirmation to (please type or print) - If more space is needed use another sheet of paper and attach.

Name: _____

Title/Job Function: _____

Affiliation: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Please indicate your preference for the presentation format by rating your first, second, and third choices below:

____ Concurrent Presentation ____ Poster Session ____ Roundtable

Please indicate which of the six behaviors this presentation will cover (check all that apply):

☐ Sexual risk behaviors ☐ Tobacco use ☐ Physical inactivity

☐ Alcohol and other drug use ☐ Unhealthy dietary behaviors

☐ Behaviors that contribute to unintentional injuries and violence

Presentation Title:

Authors (last name, first initial - underline presenter name(s)):

Research Objective(s):

Research Method(s):

Research Result(s):

Research Conclusion(s):

(all 4 forms must be received at PSA no later than 5:00 p.m. on Friday, November 10, 2000)

FORM 2 OF 4

LEARNING OBJECTIVES AND TEACHING METHODS

Contact (in case of questions)

Name: _____

Phone: _____

Presentation Title as Given on Abstract Submission Form

Please select the teaching methods which will be used in this presentation (check all that apply):

☐ Demonstration

☐ Lesson

☐ Discussion

☐ Workshop

☐ Case Study

☐ Other: _____

Provide at least one and no more than 3 major learning objectives for participants attending this presentation:

1)

2)

3)

*****Form 3 of 4*****
Centers for Disease Control and Prevention
Biographical Data Form

You may use this form or attach a current CV. This information is required by accreditation organizations. It will be treated as a confidential document.

Name/Degrees:

Date Submitted:

Business Address:

Telephone:

Fax:

E-Mail:

Position/Title:

Education (include basic preparation through highest degree held)

Degree/Year

Institution, City, State

Major Area of Study

Professional experience (areas of expertise and publications pertinent to this educational activity)

(all 4 forms must be received at PSA no later than 5:00 p.m. on Friday, November 10, 2000)

1 form must be completed for every speaker

*****Form 4 of 4*****

**Centers for Disease Control and Prevention (CDC) Continuing Education
Conflict of Interest Disclosure Form**

As an accredited provider of continuing education, CDC must insure balance, independence, objectivity, and scientific rigor in all of its activities. All presenters are expected to disclose to the audience any significant financial interest or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity. Significant financial interest or other relationship may include grants or research support, being an employee, or consultant, major stock holder, member of speakers bureau, etc. The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgements. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Title of CE Activity: **The 2001 National Leadership Conference to Strengthen HIV/AIDS Education
and Coordinated School Health Programs**

Date of Activity: **January 22-25, 2001**

Presenter's Name: _____

Title of Presentation: _____

1. I am a Federal employee. Yes _____ No _____

If Yes, I understand that I am prohibited from having any financial interest in areas in which I conduct official business.

2. Will your presentation include any discussion of commercial products or services? Yes _____ No _____

If Yes, do you have a significant financial interest or other relationship with the manufacturer(s) of any of the products or providers(s) of any of the services you intend to discuss? Yes _____ No _____

If Yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).

3. Will your presentation include any discussion of unlabeled use of a commercial product, or a product for investigational use?

Yes _____ No _____

If Yes, please describe the product and the unlabeled or investigational use.

4. Is this activity supported by funding from an external source? Yes _____ No X

If yes, do you have a significant relationship(s) with this/these external sources(s)? Yes _____ No _____

If yes, please list the relevant external source(s) and describe the nature of the relationship(s).

Signature

Date

(all 4 forms must be received at PSA no later than 5:00 p.m. on Friday, November 10, 2000)

1 form must be completed by each speaker for every presentation